

Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

December 21, 2010

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of 1st Avenue, 2310 North 1st Street requesting a class I liquor license.

John Noha, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

John Noha was born in Wahoo, Nebraska. He attended Wahoo High School graduating in 1967.

John Noha employment history is as follows:

2008 - Present	Tax Preparer, Jackson Hewitt	Lincoln, NE.
1991 - 2003	Data Processer, ISCO	Lincoln, NE.

Mr. Noha has been informed about the required training.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



PREMISE INFORMATIONNEBRASKA LIQUOR
CONTROL COMMISSIONTrade Name (doing business as) 1ST AVENUEStreet Address #1 2310 N. 1ST, SUITE 8, 7, 9

Street Address #2 _____

City LINCOLN County LANCASTER Zip Code 68521Premise Telephone number NAIs this location inside the city/village corporate limits: ☒ YES ☐ NO

Mail address (where you want receipt of mail from the Commission)

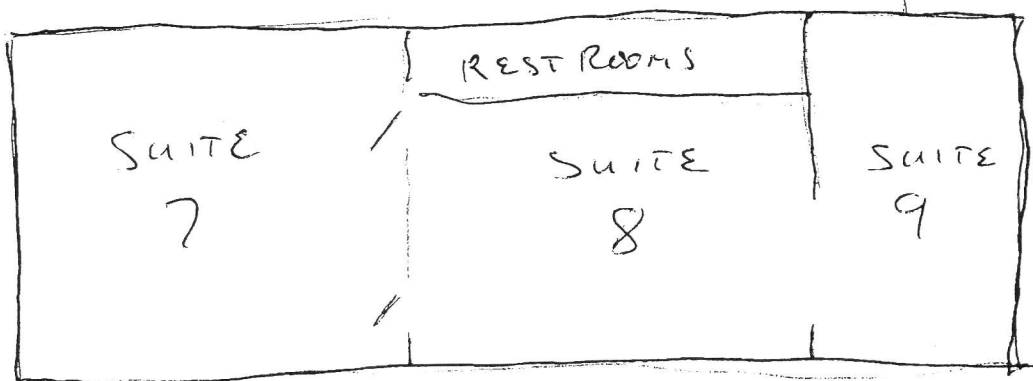
Name JOHN MOHAStreet Address
#1 1635 ARAPAHOEStreet Address
#2 _____City LINCOLN State NE Zip Code 68502**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED
READ CAREFULLY**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and **number of floors** of the building.

****For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Length 200 feet
Width 50 feet

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET



APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY. NOV 19 2010

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition

2. Are you buying the business of a current retail liquor license?

☐ YES ☒ NO

If yes, give name of business and liquor license number _____

a) Submit a copy of the sales agreement

b) Include a list of alcohol being purchased, list the name brand, container size and how many

c) Submit a list of the furniture, fixtures and equipment

3. Was this premise licensed as a liquor licensed business within the last two (2) years?

☒ YES ☐ NO

If yes, give name and license number _____

4. Are you filing a temporary operating permit to operate during the application process?

☐ YES ☒ NO

If yes:

a) Attach temporary operating permit (form 125)

b) Attach statement(s) from all beer wholesalers (in your particular geographical area) and all liquor wholesalers indicating that the seller is not delinquent or have any debts owed to the wholesalers.

5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

☐ YES ☒ NO

If yes, list the lender _____

6. Will any person or entity, other than applicant, be entitled to a share of the profits of this business?

☐ YES ☒ NO

RECEIVED

If yes, explain. (All involved persons must be disclosed on application)

NOV 19 2010

No silent partners

NEBRASKA LIQUOR
CONTROL COMMISSION

7. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☒ YES ☐ NO

If yes, list such item(s) and the owner. RENT PERSONNEL PROPERTY

8. Is premise to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, provide name and address of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business

a) List the individual(s) who will be authorized to write checks and/or withdrawals on accounts at this institution.

JOHN KOHA WEST GATE BANK

12. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

NONE

13. List the alcohol related training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- a) Individual, applicant only (no spouse)
- b) Partnership, all partners (no spouses)
- c) Corporation, manager only (no spouse)
- d) Limited Liability Company, manager only (no spouse)

RECEIVED

NOV 19 2010

Applicant Name	Date Trained (mm/yyyy)	Name of program where trained NEBRASKA LIQUOR (name, city) CONTROL COMMISSION
JOHN NOHA		
MANAGER EAGLES #147	Current	LINCOLN, NE
FOOD HANDLER LEVEL III		HEALTH DEPT. LINCOLN, NE

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. **Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.**

- ☒ Lease: expiration date 2-1-2016
- ☐ Deed
- ☐ Purchase Agreement

15. When do you intend to open for business? JAN 15, 2011 OR SOONER IF POSSIBLE
16. What will be the main nature of business? FOOD & BEVERAGE
17. What are the anticipated hours of operation? MAXIMUM ALLOWED

18. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR FROM TO		SPOUSE: CITY & STATE	YEAR FROM TO	
JOHN NOHA	1980	2010			
LINCOLN, NE					

If necessary attach a separate sheet.

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

RECEIVED

NOV 19 2010

NEBRASKA LIQUOR
CONTROL COMMISSION

John Noha

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

State of Nebraska

County of Cass

County of _____

The foregoing instrument was acknowledged before me this Nov 18, 2010 by JOHN NOHA

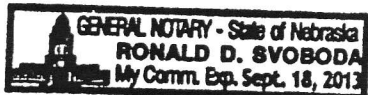
The foregoing instrument was acknowledged before me this _____ by _____

Ronald D. Svobeda

Notary Public signature

Notary Public signature

Affix Seal Here



Affix Seal Here

in compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

APPLICATION FOR LIQUOR LICENSE
INDIVIDUAL
INSERT - FORM 1

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

RECEIVED
RECEIVED
NOV 9 2010
NEBRASKA LIQUOR CONTROL COMMISSION
NEBRASKA LIQUOR

Individual applicants, including spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of their certified birth certificate or INS papers
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must sign the signature page of the Application for License form
- 6) Applicant may be required to take a training course

Name of individual applicant who will hold license

Last Name: NOHA III
First Name: JOHN MI: M.
Home Address: 1635 ARAPAHOE City: LINCOLN Zip Code: 68502
Social Security Number: _____ Date of Birth: _____
Home Telephone Number: 402 421-6448 Cell 402-314-2662
Drivers License Number: _____ State: NE

Are you married? (Please note if the above listed individual is separated, etc. spouse's information is still required to be listed below)

☐ YES

☒ NO

If yes, provide your spouse's information below

Spouses Last Name: _____
Spouses First Name: _____ MI: _____
Social Security Number: _____ Date of Birth: _____
Drivers License Number: _____ State: _____

In compliance with the ADA, this individual insert form 1 is available in other formats for person with disabilities.
A ten day advance period is required in writing to produce the alternate format.

FORM 35-4182
REVISED 05/2007

STATE OF NEBRASKA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES VITAL RECORDS OFFICE, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

11/19/2010

LINCOLN, NEBRASKA

RECEIVED
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ASSISTANT STATE REGISTRAR

STANLEY J. COOPER

11/19/2010

NOV 19 2010

NEBRASKA DIVISION

CONTROL COMMISSION

<p>1. NAME OF DECEASED JOHN HENRY HUNT III</p>		<p>2. DATE OF BIRTH JAN 1 1914</p>	
<p>3. PLACE OF BIRTH ST. LOUIS, MO.</p>		<p>4. DATE OF DEATH OCT 1 1987</p>	
<p>5. PLACE OF DEATH ST. LOUIS, MO.</p>		<p>6. CAUSE OF DEATH HEART DISEASE</p>	
<p>7. SEX MALE</p>		<p>8. RACE WHITE</p>	
<p>9. MARRIAGE STATUS MARRIED</p>		<p>10. NAME OF SPOUSE JANE HENRY HUNT</p>	
<p>11. NAME OF FATHER JOHN HENRY HUNT</p>		<p>12. NAME OF MOTHER JANE HENRY HUNT</p>	
<p>13. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>		<p>14. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>	
<p>15. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>		<p>16. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>	
<p>17. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>		<p>18. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>	
<p>19. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>		<p>20. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>	
<p>21. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>		<p>22. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>	
<p>23. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>		<p>24. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>	
<p>25. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>		<p>26. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>	
<p>27. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>		<p>28. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>	
<p>29. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>		<p>30. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>	
<p>31. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>		<p>32. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>	
<p>33. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>		<p>34. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>	
<p>35. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>		<p>36. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>	
<p>37. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>		<p>38. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>	
<p>39. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>		<p>40. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>	
<p>41. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>		<p>42. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>	
<p>43. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>		<p>44. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>	
<p>45. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>		<p>46. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>	
<p>47. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>		<p>48. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>	
<p>49. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>		<p>50. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>	
<p>51. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>		<p>52. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>	
<p>53. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>		<p>54. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>	
<p>55. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>		<p>56. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>	
<p>57. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>		<p>58. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>	
<p>59. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>		<p>60. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>	
<p>61. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>		<p>62. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>	
<p>63. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>		<p>64. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>	
<p>65. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>		<p>66. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>	
<p>67. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>		<p>68. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>	
<p>69. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>		<p>70. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>	
<p>71. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>		<p>72. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>	
<p>73. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>		<p>74. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>	
<p>75. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>		<p>76. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>	
<p>77. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>		<p>78. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>	
<p>79. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>		<p>80. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>	
<p>81. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>		<p>82. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>	
<p>83. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>		<p>84. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>	
<p>85. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>		<p>86. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>	
<p>87. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>		<p>88. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>	
<p>89. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>		<p>90. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>	
<p>91. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>		<p>92. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>	
<p>93. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>		<p>94. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>	
<p>95. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>		<p>96. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>	
<p>97. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>		<p>98. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>	
<p>99. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>		<p>100. NAME OF BIRTH PLACE ST. LOUIS, MO.</p>	